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# Employee Wellness at Private Clinic in Omaha, NE: Social Marketing and Health Communications Perspective

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## Abstract

Midwest Gastrointestinal Associates (MGI) is a private clinic in Omaha, Nebraska that reached out to the College of Public Health for assistance in the clinic's employee wellness program. An MPH student with a background in health and wellness provided MGI with a health promotion intervention to increase employee participation rates. A change was made to the wellness program in 2017 away from monthly health challenges and points—to small gifts distributed to all employees to increase engagement and morale. An initial program evaluation was performed to understand employee understanding and needs. Discovered was the need for an outlet employees could turn to with health and wellness questions. Over six weeks in the fall, employees were provided with the opportunity to seek health and wellness information from the public health student. Educational information was provided to employees regarding mental health (stress relief techniques), physical activity, and dietary consumption. If employees had questions regarding other wellness aspects, the public health student provided information to the best of her ability. Towards the end of the intervention, another survey was distributed to employees to evaluate the intervention and understand the wants and needs employees had for the upcoming calendar year. This survey was also used to compare results from the initial survey. It is recommended the clinic returns to the former structure of the wellness program by offering monthly health challenges, providing healthier gifts, implementing a culture of wellness throughout the clinic, and considers bringing a wellness coordinator to the clinic to assist the wellness committee. All recommendations and survey results were discussed with a majority of the wellness committee the week following intervention to assist the committee in planning decisions for the upcoming calendar year.

## Introduction

Workplace wellness programs are growing in popularity among businesses and organizations as more people are focusing on their health, and firms are looking to reduce healthcare costs (Mattke et. al., 2015). Privately owned clinics are no exception to this. Midwest Gastrointestinal Associates (MGI) is a private clinic in Omaha, Nebraska that also visits the surrounding area to provide gastrointestinal services to a greater Omaha area. There are a variety of jobs at MGI from reception to billing to medical care; the clinic consists of 240 employees, including the physicians. Administrators expressed the need for assistance with their employee wellness program, thus bringing in a public health student to consult with. The wellness program began in 2011, but has changed over the last six years as perceived employee needs have changed. MGI wellness is run by administrative employees of the organization rather than hiring a third party to develop and run the program. Currently, there is a wellness committee that consists of MGI's Administrative Assistant, Chief Operating Officer, and Dietitian. The main office is located near midtown Omaha where the onsite fitness facility is available, and most of the printed wellness communication is posted throughout this office. Other office and procedure locations are spread throughout the greater Omaha area.

### *Background Information: Budget, Evaluation, & Incentives*

Throughout the last four months, evaluation of MGI's wellness program has occurred. An important aspect of the initial program evaluation was to evaluate the current MGI employee wellness and engagement monetary budget. The annual budget is $10,000 to be distributed for programs, events, services and incentives. Historically, MGI would offer up to $100 in incentives to an individual employee if an individual employee participated enough to

receive 100 points. The point system was developed and tracked by the wellness committee, and the number of points an individual collected then became the dollar amount the employee received. This system worked well for MGI, and there was about a 24 percent participation rate among employees. However, at the start of 2017 the points system and budget allocation changed.

The incentive price went from up to $100 down to $40; rather than using points, incentives were only received if an employee brought verification of an annual physical exam from his/her primary care physician and dental checks every six months. The wellness committee wanted to be able to spread the budget out so more employees were reaping the benefits of the budget. This included spreading the budget out toward events and activities that went to employee engagement, such as small gifts showing appreciation. The wellness committee began the year by providing fitness classes for employees, and approximately ten percent of the budget was spent in the first two months of offering these services. Unfortunately, there were only about three to five employees who regularly participated in this service, resulting in the end of this service.

## Literature Review

Worksite wellness refers to employers offering employees health education information and activities regarding health of the employee and their families (American Health & Wellness, 2017). This information and these activities range from diet and exercise to financial and emotional health assistance. The average American adult spends approximately one-third of his/her day at his/her place of work, which makes workplace wellness a great opportunity to communicate the benefits of health and wellness (Center for Disease Control and Prevention,

2015). Workplace wellness provides employees the opportunity to become an active member in his/her health and well-being in an area other than one's home. However, many programs provide information to employees that can be translated to home life to assist employees with healthier families (American Health & Wellness, 2017). Participation rates are the key to a successful wellness program (Robroek et. al., 2009); even the most well-planned and organized wellness programs can be unsuccessful with a lack of participation from employees. Since the start of MGI's wellness program, a formal evaluation had not been performed for lack of identified measurable outcomes. Evaluation of the program is important to ensure employees are receiving the information they need to decrease health risks and improve overall health. Evaluation also allows for improvement to be constant and continuous so employees can provide important feedback for future planning (Mattke et. al., 2015). The issue MGI faces is the lack of participation; thus, their program seems unsuccessful and in need of major changes.

### *Worksite Wellness for Midsized Organizations*

MGI is considered a large organization with a total of 240 employees; however, most literature for "large" companies/organizations is for those that are much larger. It can be a struggle for small to mid-sized businesses to provide a comprehensive and effective wellness program when the resources are lacking (Merrill, 2013). These barriers range from lack of expertise to design a wellness program, cost barriers and staff with health-promotion information. In the case of MGI, they no longer have the employee who helped start the wellness program who had a background in health promotion such as wellness. The study performed by Merrill (2013) to address these barriers was done by hiring a corporate wellness company to provide small businesses with worksite wellness. Unfortunately, MGI has a cost

barrier that limits their availability to hire a third party to supply the clinic with a wellness program. The wellness committee provides the best information available to them, but without prior experience in wellness, it is difficult to be confident in decisions every time.

### *Issue Analysis and Project Focus*

As mentioned previously, MGI wellness has gone through some changes through the years, primarily as 2017 began. The first few years of the wellness program, all employees had the opportunity to receive points for participation. The points received translated into the dollar amount put into a gift card. There was still quite a bit of money left in the $10,000 budget after incentives had been distributed, and due to low participation, the money was not distributed to many of the employees. The wellness committee then decided for 2017 they would begin handing out small gifts to all employees to boost morale and engagement. Gift cards are still awarded to employees who turn in forms after visiting their primary care physician and/or dentist. Incentive money is now up to $40 in gift cards, rather than up to $100.

The issue that was addressed by the wellness committee and the student consultant is the lack of participation among employees in the MGI wellness program. In 2016, there was only twenty-four percent, 59 out of 240 employees, who participated and the only department with zero participants was the physicians. As owners of the clinic, these should be the leaders at the forefront of wellness; recommendations to increase physician participation through culture change is provided in the recommendation section. There should be greater physician participation if they expect employees to make healthier decisions and participate in the wellness program. When employees are healthier, businesses often see a decrease in healthcare spending (Pollitz and Rae, 2017). This has created a large shift toward offering

workplace wellness programs; for businesses that do not have health-incentivized insurance plans, such as MGI, a wellness program can still benefit their employees (Mattke et. al., 2013). By participating in a workplace wellness program, an individual can improve his/her own overall health which can be cost effective for the individual. Cost effectiveness for the individual comes in the form of fewer doctor visits, reduced spending on medication, and improved mental health, to name a few. These are the benefits that MGI employees would receive from participating in their employee wellness program. The individuals that are most at risk of higher health care prices are the employees who have the following conditions: mental disorders, trauma, heart disease, cancer, and pulmonary conditions (Stanton and Rutherford, 2005).

As mentioned previously, to spread the wellness budget out to include a greater number of employees, the wellness committee at MGI decided to begin small gift days approximately every month to maintain or boost office morale and engage employees in wellness. Many of these small gifts came in the form of sugary foods. While employees can utilize self-control and not consume the treat, some employees have expressed that it can be discouraging knowing that the money they used to receive as incentive during the weight loss programs, such as Biggest Loser, is now being used on treats. The gesture of offering small gifts to employees to show gratitude is well-received; however, it would be beneficial to the culture of the clinic and employees to offer these in forms other than sugary foods/treats. Through observation, conversations with employees, and evaluation of the program's history, the service learning/capstone experience (SL/CE) project focus decided to answer the question as to whether MGI needed someone with a background in worksite wellness needed to be brought in for their organization.

### *External Environment Analysis*

A workplace wellness program is only as successful as the participation levels and organization of the program and business (Robroek et. al., 2009). The wellness culture at MGI is lacking if not almost nonexistent. Individuals at the management level do a good job of participating in wellness and encouraging employees to also participate. Unfortunately, that tends to be where the discussion of wellness ends. Health risk assessments (HRA), short-term campaigns, and financial incentives can help employees, but unless there is further information provided, the assistance will be short-lived (De Le Torre and Geotzel, 2016). HRAs provide a great deal of information about an individual's health, but without education and assistance to lower health risks associated with HRA information, it is difficult to make life-changing habits. Organizations like MGI that encourage HRAs but do not collect the health numbers have a more difficult time creating life-changing habits. Short-term campaigns, while seemingly successful, often do not set-up employees with long-term success (De Le Torre and Geotzel, 2016). Weight loss programs are a big offender of this issue; *Biggest Loser* inspired programs promote a great amount of weight loss for individuals who need to lose weight. Unfortunately, these programs promote quick weight loss rather than long-term sustainable weight loss. Employees are not provided with information to keep off the weight they have lost, and recurring participants tend to be losing the same weight each year (Anderson et. al., 2009). Financial incentives rewarded at the end of the year would seem to be a motivational tool to encourage employees to participate. However, based on behavioral economics, that is untrue because people will prefer a faster incentive than one that is not awarded until after a longer time. Individuals tend to

make decisions based on the current satisfaction they are seeking rather than long-term satisfaction (Volpp et. al., 2011).

### *Public Health Relevance*

Many employees were not motivated to participate from the incentives MGI was providing. There are employees who were eating healthy, exercising, and taking time for themselves. However, finding the time to report these activities to the wellness committee was perceived as too time consuming. Research provided concerning employee wellness programs usually have two options: no incentives provided or largely incentivized. After discovering the motivation barrier that MGI employees have, much of the literature found regarding incentives was only for physical activity. There was little information regarding how to involve employees without incentive. More research regarding health-promotion motivation without incentive usage would be helpful in the wellness literature, or more research done with incentives provided aside from physical activity or health insurance.

### *Audience Identification and Segmentation*

MGI is primarily comprised of female employees ranging from their twenties to mid-sixties. Generally, women are more likely to participate in wellness programs (Robroek et. al., 2009). There are some men who work at MGI, however, they are primarily physicians rather than desk jobs like the rest of the target audience. Employee education levels range from high school education to medical school. Again, the target audience primarily has high school or college degrees; lower income and less education are demographics related to lower participation in workplace health promotion (McLellan et. al., 2009). These are also demographics related to individuals with greater health-risks. The primary MGI building is

separated into three levels with similar demographics on every level. Based on historical participation information, none of the MGI physicians participated in the wellness program. However, the program has never been targeted to this group since they are owners of the clinic more than employees of the clinic. As stated previously, these individuals should lead the way in participation, and the recommendation section provides information to begin this process. Employees who are least likely to participate are those who are not interested in wellness, or those who stated in surveys they do not care about the program. The best way to increase the number of employees interested in the wellness program is through communication between employees and the committee to increase knowledge and understanding of the events/activities offered.

The wellness program should be aimed and targeted at all employees of MGI; however, the target audience for the SL/CE intervention were employees who are prepared to participate in the wellness program. A secondary audience was addressed and engaged; employees who already participate were encouraged to continue participation and promote the intervention to coworkers to begin participation. There is a small group of employees who have no interest in the wellness program, and this population was not directly addressed through intervention. This group was not part of the target audience because changing the behavior and attitude from complete disinterest to somewhat interested would require more additions be made to the wellness program than the implementation allowed. Their needs would have the possibility to discount the interests of those already participating or ready to participate. The way in which the primary groups were addressed is discussed in further detail in the marketing strategies section.

## Developing Objectives

MGI needed assistance with its employee wellness program to better understand if the program was offering employees what they wanted and needed. None of the current wellness committee members have prior experience with worksite wellness other than the MGI program. The beginning of the SL/CE aimed to increase the participation among employees by providing an activity or event. This was decided based on the expectation that individuals did not have enough information about activities/events or the right activity/event was not being offered. However, through evaluation, observation, and interaction with MGI employees, it was discovered that motivation towards health and well-being was not the issue. Rather, employees did not know where to find wellness information, exercised on their own time without reporting it and were not motivated to stay at work longer to participate in MGI wellness. More information is provided in the implementation section to better understand how this was discovered.

To achieve the overall goal of greater employee participation, the intervention needed to provide educational information about overall wellness to better understand what areas employees were most interested in. The social marketing intervention was done to change the health behavior and beliefs MGI employees had about their wellness program to be more positive and willing to participate. The student wanted employees to engage in conversation about wellness topics to increase the wellness conversations in the clinic. To adopt this behavior, employees needed to know where the student would be located to ask questions and learn about various aspects of wellness. Exhibit B displays the printed material used to communicate the location and topic that would be discussed. Trusting a stranger with

information about health and wellbeing can be difficult. An individual might not be comfortable sharing this intimate information without knowing credentials or experience of the "expert" they are seeking advice from; others might not be comfortable discussing health information in the open. Both issues were addressed to increase the likelihood of employee participation. Employees needed to feel comfortable with the student's knowledge and discretion. Before implementation, a picture and bio were displayed on the wellness bulletin board and emailed to employees to inform them of the student's educational background and experience. The first two weeks of implementation were informal to provide opportunity for employees and the student to get to know one another, and to increase the comfort and trust employees would feel discussing health information. Finally, the locations of the intervention were chosen as higher trafficked areas as well as private areas to create an atmosphere of anonymity.

Measurement of the intervention objectives was done qualitatively throughout the six weeks of intervention. Notes were taken by the student regarding how many employees came to ask questions or engaged in the activity as well as, general descriptions of what was discussed. Throughout the implementation of the intervention, the student was able to observe how many employees engaged in wellness, if the engaged employees were different from week to week, and what events were more well-received. These notes were used with the results of surveys to provide recommendations to the MGI wellness committee for planning of future wellness activities/events. Resources needed to provide employees with specific activities/events such as those provided in the intervention would be one person who can dedicate a majority of his/her time to wellness. This addresses the research question: whether MGI needs to bring in a wellness coordinator to assist with the employee wellness program.

## Identifying Barriers, Benefits and Competition

Participation has been low throughout the history of the wellness program of MGI, and various barriers and competition to participation have existed for employees. The benefits of participation to change health behaviors towards wellness can be difficult to communicate with individuals who are already struggling with their health. The initial evaluation survey, Exhibit A, asked employees what their barriers and competition to participation at MGI are to identify why employee participation is low at this clinic.

### *Barriers and Competition*

Discussed further in the results section are the details about MGI employee barriers, although, the primary barrier to participation is the time commitment required to health and wellness. Time is identified as a common barrier toward wellness, specifically physical activity (Ebben and Brudzynski, 2008). MGI employees receive a thirty-minute lunch break daily; these are staggered throughout the hours of 11:00 AM to 1:30 PM to keep the phones on for patients and referring physicians to still contact the offices at all business hours. The short break makes physical activity over the lunch hour difficult for employees who do not want to wear sweaty clothes at their desk. This has deterred some MGI employees from participating in the wellness program during the workday.

Another barrier to wellness at MGI are the lunches that are brought in every Monday, Wednesday, and Friday from drug representatives who come to discuss medications with the physicians. This is a nice service for all those employed at MGI, but many of the meals that are catered are not healthy. In 2011, when the wellness program began, the wellness committee and team asked the drug representatives to bring healthy meals. This did not last long, and

many of the meals brought were not liked by the employees. It would be beneficial for the clinic to try asking for healthy meals again with clarification around what is deemed acceptable by employees.

### *Benefits*

Participation in workplace wellness programs can increase productivity among employees, which is beneficial for the company, but there are benefits for employees as well by improving overall health and offering employee assistance programs for mental and financial health (Mattke et. al., 2013). For employees, participation in their workplace wellness program can make a positive impact on long-term health effects (Mattke et. al., 2015). These programs can offer and encourage employees to be physically active to assist participants in meeting the recommendations for physical activity from the American Heart Association; following this recommendation can lower individuals' risks for heart disease (American Heart Association, 2017). Regular participation in a workplace wellness program can improve quality of life and lower health risks when the program is effective (CDC, 2015). MGI employees who participated in the intervention could receive answers to health and wellness they might have been contemplating previously. For example, employees who were unsure of how to utilize the onsite fitness facility equipment could seek assistance to begin a physical activity program to lower health risks.

## Research Question and Positioning Statement

The research question for the SL/CE was to understand what employees want in a future wellness program and what they already know about the current wellness program, as well as, if MGI has a need for a wellness coordinator. Ultimately, the goal for MGI is to increase the

participation rate among employees in 2018 by 25-30 percent. To achieve this goal, the SL/CE student performed a program evaluation, then implemented a social marketing and health communication campaign to understand employee knowledge of the program and wants for further wellness activities/events.

## Marketing Strategies

Two health behavior models/theories were used in marketing the location of the pseudo wellness coordinator, and communicating with employees what topics would be covered during those times. The transtheoretical model: stages of change were used to spark conversations with the target audience by communicating where the conversation would be held and what topics were being addressed. The social networking theory was used to target the social networks within the clinic to encourage one another to make the desired behavior change.

### *Transtheoretical Model: Stages of Change*

The transtheoretical model's (TTM) stages of change are commonly used for physical activity, dietary, and wellness campaigns (Glanz, Rimer, & Viswanath, 2015). The TTM stages of change are a process that occurs over an unspecified amount time, although, not always performed in a linear fashion (Glanz, Rimer, & Viswanath, 2015). Individuals often move backwards or skip stages. This is a very individualized health behavior model which can make implementation difficult for long-term interventions. The TTM stages of change include: precontemplation, contemplation, preparation, action, maintenance, and termination.

Regarding MGI employees and the wellness program, these constructs will be different for all employees and occur at different times. Precontemplation would primarily include the

group of employees who are not interested in the wellness program and have no intention of participating. The contemplation phase would include employees who are interested and plan to participate within the next few months, but have not made a behavior change. Preparation occurs when an employee has made the decision to begin participating in the next month, and has changed his/her behavior in a manner that suggests wellness participation. When the employee has made the change in behavior towards active participation in the wellness program for less than the last six months, that individual has entered the action phase of TTM stages of change. After the active participation has occurred for six months or more, the employee is in the maintenance phase. Termination occurs when the employee is no longer tempted to stop participation.

The individuals the SL/CE intervention focused on were those in the preparation, action, and maintenance phases. If it had addressed the individuals who had no current interest in ever participating, the employees who are actively considering and already participating would not benefit from that type of intervention. To assist MGI in increasing the participation rate of the wellness program, the SL/CE needed to address the employees who were already active, or the individuals who were considering participation. Providing the clinic with a pseudo wellness coordinator who could answer questions and address various aspects of wellness provided the target audience the opportunity to seek assistance they were unable or unaware to seek prior to implementation. Communication of wellness knowledge provided preparers to enter the action phase by seeking information about participation in their health and well-being at work. Employees in the action and maintenance phases could continue their participation by asking questions of the pseudo wellness coordinator, or by encouraging coworkers to participate with

them. Encouragement of coworkers would overlap with the other health behavior model used: social networking theory.

### *Social Networking Theory*

People build relationships in a variety of ways and rely of specific relationships to provide various functions. For example, a friend made in school may be developed through a common interest, and the relationship now functions as the person that everyday advice is sought from. A coworker is a relationship that develops, generally from working near one another on similar tasks. This relationship may not function much outside of the workplace, but it is a relationship that can be relied on to provide support at work. Social Networking Theory (SNT) is a health behavior theory based on using the social groups, or networks, an individual or the target audience already has established to influence health behavior change. Friends, family and coworkers have large influences in the decision-making process; people rely on those close to them to provide sound and logical advice. As a participant in a workplace wellness program, there may be coworkers who depend on one another to participate regularly.

There are many networks established at MGI that made use of this theory occur naturally. Employees are already separated by department and have established relationships within their department, to encourage one another to make decisions one way or another. As mentioned above, some of the employees printed the calendar (Exhibit B) themselves to encourage coworkers who passed their office space to participate in the social marketing intervention. Coworkers may not normally seek health advice from these individuals, however, this unplanned distribution channel of information increases the likelihood employees will view the intervention plan. The employees who printed the calendar are strong voices on the third-

floor of MGI, and they have large social networks within MGI to influence many employees to participate. Another established group at MGI are the lunch groups employees are separated into. Mentioned previously within the external environment section are the staggered lunch times to ensure patients' ability to reach the offices always. During observation, it was noted that these groups would encourage one another to visit the onsite fitness facility at lunch or to stay in the lunch-room. The lunch break that employees get is the longest break in the workday, and the intervention urged the groups to encourage each other to participate in wellness during that break.

### Product Marketing Strategy

Initially, the student believed offering one event/activity that satisfied the wants of employees would be the best way to increase participation, but it was discovered that knowledge of wellness offerings was limited. Employees are also willing to make healthy decisions outside the workplace; the SL/CE needed to find a way to foster those decisions be made at MGI or at least reported to MGI. Discussing product ideas with the preceptor, the student was informed of the origins of the wellness program and the resource the former dietitian acted as. MGI's former dietitian had a background in wellness, and she was an employee at the time the clinic started its wellness program. She was a resource employees could seek out for general health and well-being questions, while also providing the clinic with experience in workplace wellness. The idea to offer the SL/CE student's knowledge, experience, and education as the product for the intervention was developed. Over six weeks, she would provide a similar resource to employees, which had been available at the beginning of the program.

There was still the goal to increase participation in the coming calendar year, thus, the decision to offer educational information for various aspects of health was made. Each week, a different aspect of health would be introduced and discussed; the opportunity to seek out the student, or pseudo wellness coordinator, would also be available to employees who wanted more information regarding their health. The areas of discussion were: physical activity, mental health, and food consumption. Mental health information was provided the same week as National Stress Awareness Day; MGI had stress balls that were already purchased and would be handed out that day with ten ways to relieve stress. The stress balls were distributed by hand to every employee's workspace, and the ways to relieve stress were distributed via email. All other educational information provided through the intervention was done by the student by placing her in one of the common spaces employees visit throughout the day. Email reminders of her location were provided regularly.

The days physical activity was addressed, the student was in the onsite fitness facility to provide employees with information about the equipment in the facility, workouts that can be done in their homes, and information about what exercises are best for strengthening specific areas of the body. Nutritional information was generally provided in the kitchen/breakroom area of the building. The colder times of the year and the holiday season can be a difficult time to consume foods that are healthy. The diet information provided was ways to maintain good eating habits during these times, and alternatives that can be used in unhealthy recipes. Mental health information focused on mindfulness, relaxation, and meditation to address the stress that can often be triggered by the holiday season. This information was provided in the

conference/board room as a quiet space; there was also the ability to dim the lights if an employee was interested in being guided through techniques.

### Messaging Strategy

To engage employees in the intervention, messaging needed to be done to inform employees of the ease of participation and the knowledge, skills, and abilities of the student. At the beginning of October, one-pagers were printed and pinned to the wellness bulletin board to provide information about exercise, diet, and mental health during business hours. Two weeks prior to implementation, a picture and bio of the student were hung on the bulletin board and emailed out for employees who had not met her yet. This provided information regarding why she was at MGI, her educational background, and her wellness experience. Approximately ten days before implementation, Exhibit B was distributed to inform employees about the intervention.

Exhibit B was sent via email to all the employees encouraging them to find the student to engage in wellness information. This was done by parodying the *Where's Waldo* books to "Where's Olivia," and using red and white as colors on distributed materials. Distribution channels used outside of employee emails included the clinic stairwells and bulletin board. Some employees took it upon themselves to print out the calendar from their email and post it near their workspaces. Distributed materials were developed by the student, and they were reviewed by the preceptor and another manager of the clinic. Any edits the two employees felt needed to be made were done by the student before distribution. Another distribution channel considered were the paper towel holders in the employee bathrooms; these were not used because administrators in the clinic want to limit postings in that area.

## Implementation

Over six weeks, October 16 to November 22, the social marketing campaign was implemented. Implementation consisted of the student being in different common areas of the building to allow employees to ask questions regarding various aspects of wellness. These locations provided a sense of privacy for employees who wanted to discuss sensitive information. Each week, she focused on a different area. If employees had general wellness questions that did not pertain to the specified wellness area for the given week, their questions were still answered to assist in encouraging a trusting relationship between employees and Olivia. Coordination between the wellness committee and Olivia consisted of trying to cover similar topics to what was already on the wellness calendar for that time. Two weeks prior to social marketing implementation, information detailing the whereabouts of the product were sent to employees via email and printed media. Printed media was distributed in the stairwells and on the wellness board in the kitchen. Exhibit A of the appendix displays the printed media that was displayed among MGI.

Week one of implementation began in the onsite fitness facility to allow employees the opportunity to ask fitness-related questions or general health and wellness questions. The anticipation was that employees would be seeking more information about the onsite fitness facility that is free for them to use during the facility's operating hours. The first week of implementation was not as successful as anticipated; all results of the implementation are detailed and discussed in the results section later. The second week of intervention was in the kitchen for employees to discuss general wellness questions. This was done with the anticipation employees would become more comfortable with Olivia and understand her

knowledge base so in the coming weeks they would participate in the intervention and seek wellness information. Week three was between the kitchen and the board room on the third-floor with information regarding mental health, specifically mindfulness, relaxation/meditation and stress relief. There were three mobile phone applications recommended for employees who were interested that had been tested by the student. All three applications were free, and provided guided meditation for all levels of meditators. Breathing techniques for relaxation were also recommended as a way for employees to relax or "reset" at their desks when overwhelmed or stressed by tasks at work or to be used at home to assist with falling asleep faster.

The fourth week of implementation focused on diet throughout the winter and holiday season to encourage participants to make healthy consumption choices during a time when unhealthy options are more popular. Again, the intervention was located in the third-floor board room and kitchen because these are areas employees visit frequently. When discussing diet, healthier alternatives instead of common winter dishes or ingredients were provided. Other alternative recipes were suggested to still indulge the comfort food cravings of the winter in a healthy way. For example, rather than eating a cream based soup, broth and vegetable-based soup recipes were provided. Week five of intervention had one day in a different common space depending on what was being discussed. Day one of week five was in the kitchen to discuss general health and wellness information employees might have been curious about. Day two, week five was in the board-room since it is a quiet space, and it was meant to provide mindfulness information. Finally, day three, week five, provided a workout that can be done at home during the holidays; thus, the intervention was implemented in the onsite fitness

facility. The last week of implementation was the week of Thanksgiving. Healthy holiday information and ways to combat mild seasonal depression were provided for participants.

## Determining Budgets

The product for implementation has small budgetary requirements monetarily, however, the non-monetary time requirements were similar to the hours of a full-time job. The intervention was providing MGI with a pseudo wellness coordinator to test the need for a wellness coordinator to be brought on to the wellness committee and the clinic. Before implementation, the program was evaluated through a survey, and the intervention messaging was communicated with employees.

### *Survey Budget*

Leading up to the intervention, an evaluation of the knowledge, needs, and interest of employees towards the wellness program was distributed and collected. The two surveys sent out to employees were developed through Google Drive in the student's personal email account, distributed in a link via MGI email, and analyzed through Microsoft Excel on the student's personal computer. This resulted in no monetary cost associated with the surveys. A non-monetary cost associated with survey development, distribution, and analysis was the time committed to all tasks. Development and analysis were performed by the student; distribution was done by the SL/CE preceptor.

### *Communication Budget*

Communication of the intervention was done via email, as well as distribution of printed materials through stairwells and bulletin boards. There was no monetary cost associated with development or distribution of materials. Development of all printed materials was done by the

student using Microsoft Word on her personal computer. Distribution of materials was performed by the preceptor. During student and preceptor meetings, there was discussion regarding when to distribute, and what information would be included. Time allocated to development of materials was the time in which the student was at MGI for the day during the service learning portion of the SL/CE.

### *Intervention Budget*

The SL/CE intervention did not have monetary costs, but the non-monetary costs were primarily time costs for the student. The intervention was in place from ten in the morning until four in the afternoon every Monday, Wednesday and Friday for six weeks. These were the largest costs associated with the SL/CE overall. On National Stress Relief Day, November 1st, MGI distributed stress balls in conjunction with stress relief information developed by the student. The cost of the stress balls were the only monetary costs of the intervention.

## Evaluation and Feedback

The MGI wellness committee had difficulty establishing metrics that should be used to discover success of the program. Thus, an evaluation had never been performed. While employee satisfaction surveys have been used in the past, the information collected was not analyzed fully and used for changes in the program. At the start of the SL/CE, an initial evaluation of the history of MGI's wellness program including the first three quarters of the 2017 calendar year. Historical information was provided by the Administrative Assistant and Chief Operating Officer of MGI who also serve as two of three individuals of the wellness committee. Toward the middle and end of the intervention, another evaluation was done via survey to identify changes employees viewed after intervention implementation. The notes

collected by the SL/CE student during intervention were also used to evaluate participation and engagement levels of employees.

### *Pre-Intervention Evaluation*

The first 75-hours during the SL/CE was an initial evaluation of the wellness program's history, and what current employees understood. Exhibit A of the appendix is a sample of the survey questions sent to employees through a Google Survey. The survey was developed and open for ten days for employees to respond. Distribution of the survey was sent via email to all employees from Michelle Cascio, Chief Operations Officer, with a brief description about how the responses would be used. The responses came primarily from employees on the third floor, which consists of medical records, billing/coding, and scheduling. While reviewing the results from the survey, it was noticeable that there were departments missing and skewing data. This made implementation decision-making unreliable. The SL/CE began to adapt from the original plan incorporated lunchroom conversations with employees to remove skew from information collected.

Understanding of what has been done in the past is useful to assist with decision-making for the next calendar year. Historical information was collected from administrators of MGI; historical information gathered included budgetary layout from 2016 and 2017 as well as participation information from 2016. Based on the 2016 participation data, 24 percent of employees participated to earn points. This was the baseline number used for the SL/CE to increase the participation rate for MGI employee wellness program.

### *During/Post Intervention Evaluation*

To understand the outreach of the intervention, another Google Drive survey was sent out on November 3, and closed November 17. Similar questions to the first survey were asked, but there were some questions added to the initial evaluation. These questions were used to gather information about days and times future activities/events would be most beneficial, whether employees wanted to see healthier lunches brought in, and what associations they make with MGI wellness. The former was added to see if Olivia was an association to help determine if this was a service employees knew was offered and if they utilized it. The first two added questions were provided to assist the wellness committee with planning for the following year. Results of both surveys and participation in the intervention were reported to the wellness committee from the student upon completion of the SL/CE.

## Results

Evaluation of the understanding and knowledge of the wellness program was done through an initial evaluation, observation and conversation with employees, and implementation of the student as a wellness resource, and a post-intervention survey. Qualitative data was collected during program evaluation to provide the wellness committee with more solidified data about employee knowledge of wellness. Quantitative data was collected through observation of MGI's clinic and conversations with employees about wellness.

### *Initial Survey Results*

The survey was sent out to employees via email on August 30 during the business day and closed September 12 around five in the afternoon, after business hours. It was sent by the Chief Operating Officer, who is a member of the wellness committee. There was no incentive

provided for filling out the survey because the SL/CE student felt it was more important to have honest responses and employee anonymity. The initial survey received forty-three responses which is 18 percent of the employees at MGI. Physicians/Mid-levels were the only department that did not have any responses to the survey; it was discovered later that the wellness program-up to this point-has never been targeted at the physicians of the clinic. When discussing results with the SL/CE preceptor, it was discovered that some employees were unsure what department to mark because the departments listed were too broad. Other issues were within food consumption, specifically fruits and vegetables. Exhibit A displays the issue that there was not a zero-consumption option.

Of the employees who responded and participated in wellness, half were satisfied or very satisfied with the current program. The three activities employees who filled out the survey would like to have offered more often were chair massages (17%), small gift days (16%), and free fitness classes/personal training (15%). The top associations employees make with the wellness program were: Biggest Loser weight loss challenge, exercise, and Chew on This lunch sessions. As displayed with questions 19 on Exhibit A, employees were asked what incentives they would like to receive for participating in the wellness program. The most common answers were monetary incentives; unfortunately, employees do not appreciate that monetary incentives are taxed, but legally MGI must tax the monetary gifts (Chapman, 2007). The two most commonly listed barriers to participation were general time issues and busy schedules. Most of the responses to the Google survey came from employees on the third floor, which does not include the nursing staff.

To obtain similar responses from the nursing staff, lunch break conversations were included. These conversations were not structured like a survey or interview. Rather, Olivia told employees she was at MGI to better understand likes/dislikes of the employee wellness program. From there, employees were encouraged to share their thoughts and feelings about the wellness program. Most of the employees enjoyed the Biggest Loser weight loss challenge, but expressed it was difficult to make the weigh-in times based on the patient schedule. A main concern expressed by the first-floor staff was the lack of communication of the wellness program events and changes. These employees were unaware of the availability of the wellness schedule listed when clocking-in and out; they believed the only areas to obtain wellness information were the stairwells and bulletin board on which it was posted.

### *Implementation Results*

As mentioned previously, week one of implementation did not go as well as anticipated. There were two groups of employees who regularly visited the gym over their lunch breaks. With limited time for lunch, those who visit during their break are limited to the exercise they can do and get back to their desk to clock back in. Most questions asked in week one pertained to weight loss, exercise, and diet. Only two employees asked for assistance with the specific equipment in the onsite fitness facility at MGI. Week two was more successful because employees could ask questions and get advice when they would go to the kitchen for things such as coffee, morning snacks, and lunch. One employee brought a dietary log and body composition information to better understand why she was not losing weight based on her activity level. After this point, more employees were willing to go to the kitchen to discuss their diet and musculoskeletal issues.

Week two of implementation was more successful than the previous week. Being in the kitchen for most of the day was a success because employees were in and out of the kitchen all day, and would take the time to engage in the program in some form. Engagement did not usually include conversations around wellness. However, it provided employees the opportunity to get to know Olivia in a manner that made them more comfortable seeking advice later in implementation. Week three started strong with employees showing great interest in mindfulness and meditation. The first two days had a lot of employees asking for the best mobile applications recommended for meditation and mindfulness. Applications were recommended as a way to begin a mindful lifestyle because it allows the individual to be guided through mindful actions by reflecting on the day. Some employees sought advice for beginning mindful behaviors with their children; this proved to be a greater challenge than anticipated based on the nature of the employees' home lives. Home life varied among these employees as well as age range of their children; rather than recommending mobile applications for the family, short reflections of the day during bedtime routines was suggested. The final day of week three was meant to focus on relaxation tips for busy home lives, however, employees did not ask about these topics. Other general wellness questions were asked instead, particularly one employee that through the time of implementation began a new physical activity and healthy eating program.

The focus of week four was healthy eating from smaller portion sizes to healthy comfort foods for the winter. Day one was not as successful as hoped; employees got mixed up about what would be offered thinking recipes were all week. This opened the opportunity to discuss healthy meal fixes, but most employees that stopped already implemented the substitutions

discussed. The middle of the week included the quarterly lunch and learn, Chew On This, which was attended by five employees. The presentation was informal allowing employees to ask questions openly; most of the discussion revolved around cooking substitutions that work best for various types of cooking or baking. Healthy comfort food options were provided throughout the presentation and recipes were handed out. More handouts were made than attendees so the handouts were left out which drew more employees to the student than previous topics had. This triggered the idea to provide more handouts for the rest of implementation. The final day of week four concerned ways to make meal prep faster, but few employees stopped to discuss meal prep.

Week five was a compilation of all the previous weeks to allow repetition for employees that missed the topics earlier. When discussing better eating habits, handouts from the previous week were reused and distributed. Employees that were unable to attend the lunch and learn saw the handouts and approached to discuss what they had missed. Other employees that stopped to discuss wellness asked for substitutions and advice for Thanksgiving dishes with the holiday only two weeks away. The middle of the week was primarily employees stopping to discuss general health and wellness pertaining to their current eating and exercising habits. The final day was spent in the onsite fitness facility, and the normal lunch groups that exercise over lunch were the only participants. Week six included more employees stopping to discuss general health and wellness while also asking about ways to stay healthy through the holiday season. One pagers were used to distribute this information through an email sent to all employees. Throughout the days, employees stopped by the conference/board room to get more information about the tips provided in the email and one pager.

### *Post-Implementation Survey Results*

The survey went out to employees on November 3 during the business day and closed November 17 after the business day concluded. The survey was sent out by the administrative assistant, and as done previously, there was no incentive attached to responding to the survey to keep anonymity. There were 42 responses in total, 17.5 percent of employees, which is similar to the initial survey respondent number making some comparisons appropriate. More departments were added to the second survey to account for confusion from the first survey. The second survey received responses from two of the physicians which is an increase from the first survey. However, there are multiple departments that did not have any responses after the change. A commonality between the two surveys is the greater number of third-floor/reception employee responses than nursing staff responses. The top associations employees make with MGI wellness were: none/not applicable, exercise/fitness classes, and Chew On This Presentations with 27, 11 and 6 percent of responses respectively. Incentive preferences was eliminated from the survey because the intervention did not incorporate any incentive change.

The second survey requested specific information regarding employee preferences for 2018 to assist in program planning at the end of the year. Based on survey results, the top three events/activities employees would like to have available next year include: small gift days (19%), chair massages (18%) and free fitness classes/personal training (15%). These results are congruent with initial survey results. Added questions to the second survey included getting a day of the week and time of the day that employees would like to have events and activities. An overwhelming majority, 19 respondents, stated that Wednesdays would work best to have participants. The time of day was split between the lunch hour of 11:00 AM to 2:00 PM and

evenings after 4:00 PM with twelve and thirteen responses respectively. There is difficulty in both times selected by survey results. As mentioned previously, employees only receive thirty-minutes for lunch and each person has been given a shift to take his/her lunch. The issue with the evening time is that employees leave at different times; generally, employees leave at either 4:30 PM or 5:00 PM. There is trouble getting employees to stay after work already without asking them to stay for thirty to sixty-minutes past. The final 2018 specific question was in regards to lunches brought in by drug representatives. Often these meals are not healthy and in the past when MGI's wellness committee asked representatives to bring healthier lunches there was little variety. The survey asked employees if they would like to see healthier lunches brought in by the drug representatives; twenty-five responses stated "Yes" healthier lunches is something they would like. This would be done by providing drug representatives with a request to bring healthier options and suggestions of what those options would be.

## Recommendations and Discussion

### *Recommendations Based on Post-Implementation Survey Results*

Based on employee responses, any activities or events provided by the wellness program should be done on Wednesdays either over the lunch break or after 4:00 PM. However, as a reminder, most of the responses came from employees that do not have a schedule strictly dictated by patient procedures. Conversations with nurses expressed the difficulty of programs after work because patient recovery can occasionally take longer than expected. The main issue with programs over the lunch break is that some employees must use their lunch break for eating because they are unable to eat at their desk/station. It is recommended that MGI offer similar events/activities at both times to see which time is better

attended. This may help determine which time offering is best for a greater number of employees. MGI should consider offering free fitness classes for employees again. The primary issues previously were lack of participation and cost. If the clinic is able to find an individual or business that offers less expensive fitness classes, this would be an option to pursue. A free fitness class could be offered in conjunction with a monthly health challenge for physical activity; the wellness committee could then judge the popularity of offering classes without a year-long or quarter-long commitment.

Another popular wellness engagement activity provided are the small gift days that were implemented at the start of 2017. Unfortunately, many of these gifts came in the form of junk food or candy. In the future, the wellness committee can still provide small gift days for employees, however, the committee should eliminate the unhealthy gifts. The committee does not need to stop the gift days, but they should reconsider the underlying message employees are receiving. It was expressed at one point by an employee that the sentiment behind a small piece of candy is nice, however, for those that struggle with diet and exercise, it can be discouraging knowing part of the wellness budget is used on unhealthy options. It is strongly suggested and encouraged that the committee hand out gifts that promote healthy lifestyle choices. Not all gifts need to be food related, it could be related to the monthly health challenge. For example, if the challenge is to increase physical activity, the committee could hand out small notebooks to be used as activity logs. Reusable water bottles can be distributed to encourage greater water consumption.

### *Recommendations for MGI*

The physicians of MGI are active individuals and understand the importance of an employee wellness program but do not actively participate in the clinic's wellness program. Employees know that some of the physicians exercise in the onsite facility occasionally, but that many physicians have fitness equipment in their homes that is used instead. The clinic is lacking a wellness culture currently. While culture changes are extensive and take time to observe, I believe it will benefit MGI to make a shift in their culture towards wellness. This can be adjusted through behaviors and policies from the employees of the clinic or physician/management policies. Below, there are details to assist MGI in their transition to building a culture of wellness through the ecological model.

### *Ecological Model for Culture of Wellness at MGI*

The ecological model addresses the various levels in an individual's environment that affect his/her health decisions from the most basic level of the individual themselves to the highest level of policy. The challenge with MGI's culture of wellness through the ecological model is the lack of wellness culture throughout each level. Starting at the policy level, employees have limited break time, which constricts what can be done during a break. The phones at MGI are never turned off during business hours, which is good for patients, but it means employee breaks are staggered throughout the day. Supervisors of these departments encourage their employees to take their lunch break to exercise, particularly employees that have mid-morning or mid-afternoon lunch times. Employees who use their thirty-minute lunch for other activities can eat lunch at a different time while at their desk. This assumes that when an employee's phone rings he/she will be able to answer it without eating during the call. Unfortunately, these are the only breaks for employees. Those sitting at a computer all day do

not get the opportunity for a break that would allow them to relieve their eyes, stretch, or simply take a mental break to "reset" thoughts aside from trips to the restroom.

The next step to create a culture of wellness at MGI is to have more leadership participation. The participation list from 2016 had no physician participation. None of these leaders of the company filled out the initial survey, as seen from no "Physician/Mid-level" results in data collection. These members are not always the individuals walking throughout the entirety of the offices; however, they are recognized members for both employees and patients. From the leadership level is the departmental level of MGI, which tends to be the community level for all employees. Departments are easily sectioned off to access communication within a department more streamlined. Within the department, a culture of wellness can be established by supervisors and pseudo supervisors, or unspoken leaders, by participating in wellness and encouraging fellow employees to participate as well. Management and departmental leaders are more likely to increase participation and a culture of wellness before the leadership level of physicians.

Based on results from the initial survey and participation results from 2016, there is already total participation among managers. This group could have great effect on both physicians and office employees. Management offices are located on the same floor as physicians, thus management's influence on getting physicians to participate is higher than simple workplace motivation. Managerial employees have the opportunity to influence office workers as their managers and the leadership influences they have. The next level of influence are the lunch groupings, which are smaller groups within the departments and third floor offices. These groups often discuss before lunch whether or not they will go to the onsite

fitness facility and what food they brought for lunch. Lastly, is the individual level of wellness. These would include changes that must be made by the individual employee rather than decisions that can be made by the clinic.

### *Need for a Wellness Coordinator*

Another recommendation would be to hire a part-time wellness coordinator. The current wellness committee would stay in place, but responsibilities would largely fall on the coordinator rather than the committee. The way the current wellness program is structured, the wellness committee does wellness as a part of their regular jobs, rather than the focus being set on wellness. While this works for programs that are just starting out, as a program becomes more robust, it requires more attention. An issue the student ran into with planning and implementation was access to the employee listserv and not wanting to add too many extra responsibilities to the Administrative Assistant and COO. By hiring a part-time wellness coordinator, those responsibilities could be handed to that individual, and he/she would receive guidance from the current wellness committee.

## Conclusion

MGI is considered a large organization based on the number of employees, however, the size is not comparable to other large organizations within wellness literature. More research and literature needs to be done for organizations that fall in the mid-sized employee number similar to MGI. The wellness culture at MGI needs to be more robust to foster the participation of employees. Offering monthly health challenges again would benefit employees' motivation. By offering more immediate results in conjunction with a greater culture of wellness, motivation for participation should increase. Small gifts provided by the wellness

committee and physicians are nice to show appreciation; however, the gifts should be more in-line with health and wellness. Tags on these gifts can be used to promote and communicate future activities/events or monthly health challenges. Bringing in a part-time wellness coordinator would help the clinic's current wellness committee provide a more robust program. The current committee has responsibilities outside of wellness which can make it difficult to supply employees with a wellness program to assist in lowering the individual's healthcare expenses.

## Appendix

### *Exhibit A: Wellness Survey Example*

1. What department do you work in? [Multiple Choice]
2. Do you have a regular physical exam done? [Yes/No]
3. If no, why? [Short Answer]
4. On average, how many ounces of water do you drink a day? [Multiple Choice]
5. On average, how many cups of fruit do you consume per day? [Multiple Choice]
6. On average, how many cups of vegetables do you consume per day? [Multiple Choice]
7. On average, how many ounces of red meat do you consume per week? [Multiple Choice]
8. On average, how many ounces of seafood or poultry do you consume per week? [Multiple Choice]
9. On average, how many minutes of moderate* exercise do you get per week? (*walking at a brisk pace or more—not pertaining to work) [Multiple Choice]
10. What activities do you associate with MGI wellness? [Short Answer]
11. What is your current satisfaction level with MGI wellness? [Multiple Choice]
12. What would you like to see more in the wellness program? (check all that apply) [Checkbox]
13. If other, please specify? [Short Answer]
14. Do you currently participate in wellness activities provided by MGI? [Yes/No]
15. What wellness programs have you participated in? [Checkbox]
16. Does receiving incentives play a role in your participation? [Yes/No]
17. What makes participation difficult for you? [Short Answer]
18. Would incentives make it more likely for you to participate? [Yes/No]
19. What incentives would you like to receive? [Short Answer]

*Exhibit B: Implementation Calendar*

| October | | |
|---|---|---|
| **Monday** | **Wednesday** | **Friday** |
| **16**<br>In the gym to help with equipment and workouts, 10-4 | **18**<br>In the gym to help with equipment and workouts, 10-4 | **20**<br>In the gym to help with equipment and workouts, 10-4 |
| **23**<br>In the kitchen to answer general Wellness Questions, 10-4 | **25**<br>In the kitchen to answer general Wellness Questions, 10-4 | **27**<br>In the kitchen to answer general Wellness Questions, 10-4 |
| **30**<br>In the 3rd floor conference room talking Mindfulness, 10-4 | | |

| November | | |
|---|---|---|
| **Monday** | **Wednesday** | **Friday** |
| | **1**<br>In the 3rd floor conference room talking Meditation, 10-4 | **3**<br>In the kitchen with tips about relaxation even with busy schedules, 10-4 |
| **6**<br>In the kitchen with quick healthy meal fixes, 10-4 | **8**<br>Chew on This Conference Room 3rd floor, Noon-1 | **10**<br>In the kitchen with ways to make meal prep go quickly, 10-4 |
| **13**<br>In the kitchen to answer general Wellness Questions, 10-4 | **15**<br>In the 3rd floor conference room with mindfulness tips, 10-4 | **17**<br>In the gym with quick, effective workouts when time is tight, 10-4 |
| **20**<br>In the conference room with help for staying healthy through the holidays, 10-4 | **22**<br>In the 3rd floor conference room with tips for Fighting the Winter Blues, 10-4 | **24**<br>Black Friday—go shopping and get extra steps for the day! |

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## SL/CE Project Reflection

MGI provided a great experience for me to learn what I would enjoy pursuing as a career after graduation. Staring in the master's program, I intended to someday have my own collaborative clinic that would allow patients the chance to have all health services in one location. This has changed over the years based on the work experience I have had and the opportunity to work with MGI and their wellness program. I now know that I would like to pursue a career in wellness assisting people with their overall health in mind, body and spirit. My SL/CE in conjunction with my current job showed me that my passion for helping people with their overall health has not changed, but the way I want to go about it has.

At the beginning stages of my SL/CE, Laura Fuhs and Michelle Cascio, two of MGI's wellness committee members, knew they needed assistance with the wellness program but they were unsure what needed to be done. One of my concentration courses was Program Evaluation and I found out from Ms. Fuhs and Ms. Cascio that MGI had never formally evaluated their program. It was clear to me that this was the first step. We then briefly discussed what the history of the program looked like, including participation. The low percentage caught my attention this is a clinic where many employees are health professionals. This was the issue I knew I could offer guidance with and by providing a formal evaluation, we could decide what direction the wellness program needed to go in.

The evaluation started with historical information being sent to me and a survey sent to employees to receive feedback. The first bump in the SL/CE came when analyzing survey results and realizing most of the feedback I was receiving came from the third-floor of employees rather than a greater view of all clinic employees. During a weekly meeting with my preceptor,

we decided one way to get feedback from employees that didn't fill out the survey would be to sit and talk with the groups that were missing. The best way to do this was to sit in the breakroom over the lunch breaks and introduce myself to employees. It became clear that one of the problems with participation was the lack of knowledge in where to go for wellness information. That presented the next bump. My initial plan to offer a well-advertised/marketed event or activity for employees would not help participation; they needed a place to go to get wellness information. The concept of "Where's Olivia" developed and it was decided that I would offer a new wellness topic to employees each week in a different location of the clinic/office. I would be a stand-in wellness coordinator.

The next six weeks would include me sitting in three different locations around the clinic/offices where I would provide various wellness information. A company-wide email was sent out the week before implementation. At the same time, signs were hung in the stairwells and on the wellness bulletin board. Every day there was another company-wide email sent to remind employees to visit me for information. The days spent in the onsite fitness facility would be days that I provided information about physical activity. Unfortunately, the participation one those days was low because employees could only come in during their lunch breaks. The days spent in the breakroom/kitchen were the days that I saw more employees because they would stop in throughout the day for more coffee/tea/water and I would engage them. Most of the time we would not discuss wellness but occasionally they would confide in me a difficulty they were having with weight management or motivation for physical activity.